

SECTION H – REQUESTING INSTITUTION

The institution listed below accepts _____ into a graduate medical education program, a fellowship, or a refresher course. (Name of Applicant)

As Dean of the School of Medicine, Associate Dean of Graduate Medical Education or other authorized official, I understand that the issuance of this permit does not entitle the holder to engage in the practice of Medicine and Surgery outside of the assigned graduate medical education program, fellowship, or refresher course.

Name of Institution:

Mailing Address

Street:

City/State

Zip

Name of Graduate
Medical Education
Program

Is the program ACGME Accredited?* (select one)

YES

NO

*Programs not accredited by ACGME must submit an outline of the intended coursework for Board approval

Type of Program (select one)

☐

Graduate Medical Education

☐

Fellowship

☐

Refresher Course

Duration of Program

Begin Date (MM/YYYY)

End Date (MM/YYYY)

Location of Training Areas

Official Signature
(Dean/Associate Dean/Official)

Official Title of Signee

Please Print Name of Signee

SECTION I - ATTESTATION

I attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete; and
3. I am of good character; and
4. I have not committed any act that would be grounds for denial under 172 NAC 88-012.

(Signature of Applicant)

(Date)